TABLE 1

REPORT OF CHILDREN RECEIV REVISION

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

Date between October 1, 2008 - December 1, 2008

SECTION A

PAGE 1 OF 4

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: Montana

COUNT DATE: 11 MONTH 13 2008 DAY YEAR

A.1. AGE AN	ND RACE/ETHNICITY OF INF	ANTS AND TODDLERS, A	GES BIRTH THROUGH	2	
3-01	Total	birth to 1 (0 to <12 months)	1 to 2 (≥2 to < 24 months)	2 to 3 (≥24 to < 36 months)	Percent
TOTAL(ROWS 1-7)	731	136	215	380	100%
1 HISPANIC/LATINO	24				3%
2 AMERICAN INDIAN OR ALASKA NATIVE	127				17%
2 ASIAN	4				1%
3. BLACK OR AFRICAN AMERICAN	7				1%
5. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0				0%
6. WHITE	544			1	74%
7 TWO OR MORE RACES	25				3%
PERCENT	100%	19%	29%	52%	

A	.2. AGE AND RACE/ETHNIC	CITY OF CHILDREN, AGE	ES 3 OR OLDER		
	Total	3 to 4 (≥66 to < 48 months)	4 to 5 (≥18 to < 60 months)	5 or older (260 months)	Percent
TOTAL(ROWS 1-7)	-9	-9	-9	-9	0%
1. HISPANIC/LATINO	-9				0%
2. AMERICAN INDIAN OR ALASKA NATIVE	-9			1	0%
2. ASIAN	-9				0%
3. BLACK OR AFRICAN AMERICAN	-9				0%
5. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-9			- I	0%
6. WHITE	-9			i i	0%
7. TWO OR MORE RACES	-9				0%
PERCENT	0%	0%	0%	0%	NIBORN TAXABLE

^{*} STATES SHOULD NOT PROVIDE PERCENTAGES IN THIS SECTION. THESE WILL BE CALCULATED BY OSEP'S DATA TRANSMISSION SYSTEM.

TABLE 1

REPORT OF CHILDREN RECEIVING

PAGE 2 OF 4

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: Montana

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

Date between October 1, 2008 - December 1, 2008

SECTION B

B.1. GENDER OF INFANTS AND TODDLER	S, AGES BIRTH THROUGH 2, RECEIVING EAR	LY INTERVENTION SERVICES
	Total	Percent*
TOTAL BIRTH THROUGH 2	731	100%
1. MALE	430	59%
2. FEMALE	301	41%

B.1. GENDER OF CHILDREN,	AGES 3 OR OLDER, RECEIVII	NG EARLY INTERVENTION	ON SERVICES
	Total		Percent*
TOTAL 3 OR OLDER		-9	0%
1. MALE		-9	0%
2. FEMALE		-9	0%

 $[\]boldsymbol{\bullet}$ STATES SHOULD NOT PROVIDE PERCENTAGES IN THIS SECTION. THESE WILL BE CALCULATED BY OSEP'S DATA TRANSMISSION SYSTEM

TABLE 1

REPORT OF CHILDREN RECEIVING

OMB NO.: 1820-0557

PAGE 4 OF 4

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

FORM EXPIRES: 11/30/2009

STATE: Montana

Date between October 1, 2008 - December 1, 2008

SECTION D (OPTIONAL)

CUMULATIVE NUMBER	OF INFANTS AND	TODDLE	RS WHO RECEIVED EARLY INTERVENTION SERVICES	
FROM	<u>07/01/07</u>	TO	06/30/08 (SPECIFY EXACT DATES)	
			AGE: birth through 2	
NUMBER OF INFANTS A	AND TODDLERS		1644	

CURRENT DATE:

Version Date: 11/14/2008

TABLE 2

PAGE 1 OF 2

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: Montana

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

Child Count Date for 2008

SECTION A

	Total	Total		1 to 2 (>=12 and <24 months)	2 to 3 (>=24 and <36 months)	
TOTAL (ROWS 1-3)		731	136	215	380	
1. HOME		671	127	200	344	
2. COMMUNITY-BASED SETTING		52	8	15	29	
3. OTHER SETTING		8	1	О	7	

	2. AGE GROUP AND SETTI	NG OF	CHILDREN, AGES 3 OR	OLDER	· · · · · · · · · · · · · · · · · · ·
	Total	*	3 to 4 (>=36 and <48 Months)	4 to 5 (>=48 and <60 Months)	5 or older (>=60 months)
TOTAL (ROWS 1-3)		-9	-9	-9	-9
1. HOME		-9	9		-9
2. COMMUNITY-BASED SETTING		-9	-9	-9	-9
3. OTHER SETTING		-9	-9	-9	-9

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

Child Count Date for 2008

PAGE 2 OF 2

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: Montana

SECTION B

B.1 RACE/ETHNICITY AND SETTING OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2								
	TOTAL	HISPANIC/ LATINO	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	TWO OR MORE RACES
TOTAL (ROWS 1-3)	731	24	127	4	7	0	544	25
1. HOME	671	20	108	4	7	o	511	21
2. COMMUNITY-BASED SETTING	52	2	19	0	0	0	27	4
3. OTHER SETTING	8	2	0	0	0	0	6	0

	B.2 RACE/E	THNICITY AND	SETTING OF CI	HILDREN, AGES	3 OR OLDER			
	TOTAL	HISPANIC/ LATINO	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	TWO OR MORE RACES
TOTAL (ROWS 1-3)	-9	-9	-9	-9	-9	-9	-9	-9
1. HOME	-9	-9	-9	٩	-9	-9	-9	-9
2. COMMUNITY-BASED SETTING	-9	-9:	-9	-9	-9	-9	-9	-9
3. OTHER SETTING	-9	-9	-9	-9	-9	-9	-9	-9

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

Child Count Date for 2007

	STATE: Montana	
COMMENTS		
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Theropy offices (PT,OT &SP) and office of a Child and Family Provider		
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CURRENT DATE:

Version Date: 12/1/2008

PAGE 1 OF 4

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

TABLE 3

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS 2007-2008

STATE: Montana

12-Month Reporting Period (From MM/YY to MM/YY)	Jul-06	to	Jun-07			
REASONS FOR EXIT	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING BY RACE/ETHNICITY (ROWS 1-10)	757	147	7	16	31	556
PROGRAM COMPLETION	•	-				
COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	217	32	1	5	14	165
2. PART B ELIGIBLE, EXITING PART C	186	37	4	7	7	131
3. PART B ELIGIBLE, CONTINUING IN PART C	0	0	0	0	0	0
NOT ELIGIBLE FOR PART B, EXIT WITH REFERRALS TO OTHER PROGRAMS	52	4	0	0	4	44
5. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	. 17	0	1	0	0	16
6. PART B, ELIGIBLITY NOT DETERMINED	.38	10	1	0	1	26
OTHER EXIT REASONS						
7. DECEASED	5	1	. 0	0	0	4
8. MOVED OUT OF STATE	49	5	0	1	2	41
9. WITHDRAWAL BY PARENT (OR GUARDIAN)	94	19	0	1	3	71
10. ATTEMPTS TO CONTACT UNSUCCESSFUL	99	39	0	2	0	58
COMPUTED TOTALS	757	147	7	16	31	556

CURRENT DATE: Version Date: 9/12/2008

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

TABLE 3

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS 2007-2008

STATE: Montana

SECTION B

REASONS FOR EXIT			
	TOTAL	MALE	FEMALE
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING BY GENDER (ROWS 1-10)	757	460	297
PROGRAM COMPLETION			
COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	217	123	94
2. PART B ELIGIBLE, EXITING PART C	186	124	62
3. PART B ELIGIBLE, CONTINUING IN PART C	o	0	0
4. NOT ELIGIBLE FOR PART B, EXIT WITH REFERRALS TO OTHER PROGRAMS	52	36	16
5. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	17	11	6
6. PART B, ELIGIBLITY NOT DETERMINED	38	21	17
OTHER EXIT REASONS			
7. DECEASED	5	1	4
8. MOVED OUT OF STATE	49	33	16
9. WITHDRAWAL BY PARENT (OR GUARDIAN)	94	54	40
10. ATTEMPTS TO CONTACT UNSUCCESSFUL	99	57	42
COMPUTED TOTALS	757	460	297

COMPUTED TOTALS 757 460 297

CURRENT DATE:

Version Date: 9/12/2008

TABLE 4

REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT 2007-08

PAGE 1 OF 1

OMB NO.: 1820-0678 FORM EXPIRES: 11/30/2009

STATE: Montana

SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Written, signed complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timelines	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: MEDIATION REQUESTS		
(2) Mediation requests total	0	
(2.1) Mediations	0	
(a) Mediations related to due process	0	
(i) Mediation agreements	0	
(b) Mediations not related to due process	.0	
(i) Mediation agreements	0	
(2,2) Mediations not held (including pending)	0	

SECTION C: HEARING REQUESTS	
Hearing requests total	
(3.1) Resolution meetings (For States adopted Part B Procedures)	
(a) Settlement agreements	
(3.2) Hearings (fully adjudicated) (For all states)	•••
(a.1) Decisions within timeline - 30 day Part C Procedures	
(a.2) Decisions within timeline - 30 day Part B Procedures	,
(a.3) Decisions within timeline - 45 day Part B Procedures	
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures)	
(3.3) Resolved without a hearing	